



EXPRESS MAIL NO. EV336613445US

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Approved for use through 10/31/2002 (MFR 0651 063)

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

**TRANSMITTAL
FORM***(To be used for all correspondence
after initial filing)*

Application Number	09/904,352
Filing Date	July 13, 2001
First Named Inventor	Donald B. Borders
Group Art Unit	1653
Examiner Name	Jeffrey E. Russel
Attorney Docket No	660081.424C2

ENCLOSURES (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | Drawing(s) | CD(s) Number |
| <input checked="" type="checkbox"/> Fee Attached | Request for Corrected Filing Receipt | of CD(s) |
| <input checked="" type="checkbox"/> Amendment/Response | Licensing-related Papers | After Allowance |
| After Final | Petition | Communication to Group |
| Affidavits/declarations | Petition to Convert to a Provisional Application | Appeal Communication to Board of Appeals and interferences |
| <input checked="" type="checkbox"/> Extension of Time Request | Power of Attorney | Appeal Communication to Group (<i>Appeal Notice, Brief Reply Etc.</i>) |
| Express Abandonment Request | Revocation/Change of Correspondence Address | Proprietary Information |
| Information Disclosure | Declaration | Status Letter |
| Statement Form PTO-1449 | Statement under 37 CFR 3.73(b) | <input checked="" type="checkbox"/> Return Receipt Postcard |
| Cited References | Terminal Disclaimer | Additional Enclosures: |
| Certified Copy of Priority Document(s) | Request for Refund | <i>(please identify below)</i> |
| Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 | | |
| Response to Missing Parts/Incomplete Application | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTIndividual Name Jeffrey D. Pepe, Ph.D.
Reg. No. 46 985Customer Number
00500

Signature

Date August 27, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 on the date specified below

Typed or printed name

Signature

Date

AUG 27 2003

EXPRESS MAIL NO. EV336613445US

Applicant's Name: Jeffrey E. Russel
Applicant's Address: 1000 N. 1st St., Suite 100, St. Paul, MN 55101

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$): 465.00

Complete if Known

Application Number	09/904.352
Filing Date	July 13, 2001
First Named Inventor	Donald B. Borders
Examiner Name	Jeffrey E. Russel
Office Action	1653
Amended Declaration	660081.424C2

METHOD OF PAYMENT

☒ Payment Enclosed
☒ Check ☐ Credit Card ☐ Money Order ☐ Other
 Deposit Account Number: 19-1090
 Deposit Account Name: Seed Intellectual Property Law Group PLLC

The Commissioner is authorized to (check one):

☐ Change fees indicated below ☒ Credit advance payments
☐ Charge primary and secondary fees during the pendency of this application
☐ Change fees indicated below except for the filing fee
☒ Charge any delinquencies
 If the advance identified deposit account is used:

FEE CALCULATION

BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	75	201	37.5	Initial filing fee	
102	65	202	32.5	Divisional filing fee	
103	75	203	37.5	Reissue filing fee	
104	75	204	37.5	Continuation filing fee	
105	75	205	37.5	Continuation-in-part filing fee	
SUBTOTAL (1)					\$ 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
201	4.00	202	2.00	Extra claims fee (per claim)	
203	4.00	204	2.00	Extra claims fee (per claim)	
SUBTOTAL (2)					\$ 0

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
301	4.00	302	2.00	Multiple dependent claim fee (per claim)	
303	4.00	304	2.00	Multiple dependent claim fee (per claim)	
305	4.00	306	2.00	Multiple dependent claim fee (per claim)	
307	4.00	308	2.00	Multiple dependent claim fee (per claim)	
SUBTOTAL (3)					\$ 0

FEE CALCULATION

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
401	75	402	37.5	Supplemental filing fee (per claim)	
403	75	404	37.5	Supplemental filing fee (per claim)	
405	75	406	37.5	Supplemental filing fee (per claim)	
407	75	408	37.5	Supplemental filing fee (per claim)	
409	75	410	37.5	Supplemental filing fee (per claim)	
411	75	412	37.5	Supplemental filing fee (per claim)	
413	75	414	37.5	Supplemental filing fee (per claim)	
415	75	416	37.5	Supplemental filing fee (per claim)	
417	75	418	37.5	Supplemental filing fee (per claim)	
419	75	420	37.5	Supplemental filing fee (per claim)	
421	75	422	37.5	Supplemental filing fee (per claim)	
423	75	424	37.5	Supplemental filing fee (per claim)	
425	75	426	37.5	Supplemental filing fee (per claim)	
427	75	428	37.5	Supplemental filing fee (per claim)	
429	75	430	37.5	Supplemental filing fee (per claim)	
431	75	432	37.5	Supplemental filing fee (per claim)	
433	75	434	37.5	Supplemental filing fee (per claim)	
435	75	436	37.5	Supplemental filing fee (per claim)	
437	75	438	37.5	Supplemental filing fee (per claim)	
439	75	440	37.5	Supplemental filing fee (per claim)	
441	75	442	37.5	Supplemental filing fee (per claim)	
443	75	444	37.5	Supplemental filing fee (per claim)	
445	75	446	37.5	Supplemental filing fee (per claim)	
447	75	448	37.5	Supplemental filing fee (per claim)	
449	75	450	37.5	Supplemental filing fee (per claim)	
451	75	452	37.5	Supplemental filing fee (per claim)	
453	75	454	37.5	Supplemental filing fee (per claim)	
455	75	456	37.5	Supplemental filing fee (per claim)	
457	75	458	37.5	Supplemental filing fee (per claim)	
459	75	460	37.5	Supplemental filing fee (per claim)	
461	75	462	37.5	Supplemental filing fee (per claim)	
463	75	464	37.5	Supplemental filing fee (per claim)	
465	75	466	37.5	Supplemental filing fee (per claim)	
467	75	468	37.5	Supplemental filing fee (per claim)	
469	75	470	37.5	Supplemental filing fee (per claim)	
471	75	472	37.5	Supplemental filing fee (per claim)	
473	75	474	37.5	Supplemental filing fee (per claim)	
475	75	476	37.5	Supplemental filing fee (per claim)	
477	75	478	37.5	Supplemental filing fee (per claim)	
479	75	480	37.5	Supplemental filing fee (per claim)	
481	75	482	37.5	Supplemental filing fee (per claim)	
483	75	484	37.5	Supplemental filing fee (per claim)	
485	75	486	37.5	Supplemental filing fee (per claim)	
487	75	488	37.5	Supplemental filing fee (per claim)	
489	75	490	37.5	Supplemental filing fee (per claim)	
491	75	492	37.5	Supplemental filing fee (per claim)	
493	75	494	37.5	Supplemental filing fee (per claim)	
495	75	496	37.5	Supplemental filing fee (per claim)	
497	75	498	37.5	Supplemental filing fee (per claim)	
499	75	500	37.5	Supplemental filing fee (per claim)	
SUBTOTAL (4)					\$ 465

SUBMITTED BY

Jeffrey C. Pepe, Ph.D.

46.985

Customer Number

00500

August 27, 2003